



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

National Institutes of Health

**National Institute of Child Health and Human Development**  
**APPLICATION FOR THE CONTRACEPTION AND INFERTILITY RESEARCH**  
**LOAN REPAYMENT PROGRAM (CIR-LRP)**  
**APPLICANT INFORMATION (FORM 2756-1)**

**PUBLIC BURDEN STATEMENT:** Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0440). Do not return the completed form to this address. All Materials Submitted Become The Property of The Federal Government And Shall Not Be Returned.

**NOTE: Before Completing This Form, Read Carefully the Instructions and the "Assurance of Confidentiality and Privacy Act Notice" Included in This Package.**

**Please type or print requested information**

1. Name (Last, First, Middle)  <hr/> Other Names Used: (Last, First, Middle) (e.g., Maiden)  <hr/> 4. Telephone: a. School/Work: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Area Code</span> <span>Number</span> </div>	2. Social Security Number:  <hr/> 3. Current Home Address:  <hr/> b. Home: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Area Code</span> <span>Number</span> </div>
5. Date of Birth: _____  <hr/> Place of Birth: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Country</span> </div>	Are you a Citizen or National of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you were born outside of the U.S., you must include documentation of Naturalization or other proof of U.S. citizenship with your application.

Completion of this question is voluntary and used for statistical purposes only.

Ethnicity: ☐ Hispanic or Latino                      ☐ Not Hispanic or Latino  
 Race: ☐ American Indian or Alaskan Native    ☐ Black or African American    ☐ Native Hawaiian or other Pacific Islander  
       ☐ Asian    ☐ White

6. Education/Training: University	Location	Degree	Year

7. Are You Currently Working Toward an Advanced Degree in the Health Professions? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, When Do You Expect to Graduate? _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Month</span> <span>Year</span> </div>	Name of Institution Where Degree Will Be Granted:  <hr/> <div style="text-align: center;">Institution</div> <hr/> <div style="text-align: center;">Address</div>
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8. Name of NICHD Intramural Laboratory or Eligible NICHD-Supported Extramural Site Selected for Participation in Loan Repayment Program:

Laboratory/Site

Location

How Many Years Do You Intend to Devote to Research Work at This Laboratory/Site?

☐ 2

☐ 3

☐ 4 or more years

9. Please Describe Your Role in the Scientific Research Being Conducted at the Laboratory/Site. (Use Additional Sheets if Necessary)

10. Provide a Brief Statement Concerning Your Career Plans for Engaging in Contraceptive and/or Infertility Research.  
(Use Additional Sheets if Necessary)

11. Do You Have An Existing Service Obligation?

☐ Yes

☐ No

If Yes, Name of the Program:

Address of Program:

Street

City

State

Zip Code

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Area Code

Number

Terms of Obligation: \_\_\_\_\_

Are You in Default of This Obligation?

☐ Yes

☐ No

When Will the Obligation be Completed?

12. Are You Delinquent on the Repayment of Any Federal Debts?

☐ Yes

☐ No

If Yes: Creditor: \_\_\_\_\_

Amount: \_\_\_\_\_

13. Are You Debarred or Suspended From Any Covered Transactions by the Federal Government?  
(If yes, attach explanation)

☐ Yes

☐ No

14. Certification

I certify that the information given in this Application is accurate and complete to the best of my knowledge and belief. I understand that it can be investigated and that any willfully false representation is sufficient cause for rejection of this application, or if awarded a Loan Repayment, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under U.S. code Title 18, section 1001. I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

Please Print Your Full Name

Sign Your Full Name in Ink

Date

**PLEASE NOTE THAT SUBMISSION OF AN APPLICATION DOES NOT IN ANY WAY GUARANTEE SELECTION**

Submit application to:

CONTRACEPTION AND INFERTILITY RESEARCH LOAN REPAYMENT PROGRAM  
CENTER FOR POPULATION RESEARCH  
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, NIH  
Building 61 E, Room 8B01  
Bethesda, Maryland 20892-7510

For courier deliveries, the following address should be used:

CONTRACEPTION AND INFERTILITY RESEARCH LOAN REPAYMENT PROGRAM  
CENTER FOR POPULATION RESEARCH  
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, NIH  
6100 Executive Boulevard, Room 8B01  
Rockville, Maryland 20852